

08-01-00

A

PTO
U.S. PTO
09/629596

07/31/00

Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	UGR-100X
First Inventor or Application Identifier	Adang et al.
Title	Phage Display of a Biologically Active B.t. Toxin
Express Mail Label No.	EJ901660684US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages **46**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **4**]
- Oath or Declaration [Total Pages **2**]
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Copy
 - ☐ Paper Copy (identical to computer copy)
 - ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☒ * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Other: _____

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS
☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name	Jeff Lloyd Saliwanchik, Lloyd & Saliwanchik				
Address	2421 N.W. 41st Street Suite A-1				
City	Gainesville	State	Florida	Zip Code	32606
Country	USA	Telephone	(352) 375-8100	Fax	(352) 372-5800

Name (Print/Type)	Jeff Lloyd	Registration No. (Attorney/Agent)	353589
Signature		Date	31 July 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

+

Applicant or Patentee: Michael J. Adang M. Kasman

Attorney

Serial or Patent No.

Docket No. UGR-100X

Filed or Issued: July 31, 2000

For Phage Display of a Biologically Active *Bacillus thuringiensis* Toxin

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (b)) - INDIVIDUAL

As below named individual, I hereby declare that I qualify as defined in 37 CFR 1.9 (e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office, with regard to the invention entitled Phage Display of a Biologically Active *Bacillus thuringiensis* described in

Toxin

☒ [X]

the specification filed herewith

☐ []

application Serial No. _____

filed _____

☐ []

patent no. _____

issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (e) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

☐ []

no such person, concern, or organization

☐ []

persons, concerns, organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring their status as small entities. (37 CFR 1.27)

FULL NAME

ADDRESS

☐ [] INDIVIDUAL

☐ [] SMALL BUSINESS CONCERN

☐ [] NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ [] INDIVIDUAL

☐ [] SMALL BUSINESS CONCERN

☐ [] NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ [] INDIVIDUAL

☐ [] SMALL BUSINESS CONCERN

☐ [] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change of status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Michael J. Adang

NAME OF INDIVIDUAL

Laura M. Kasman

NAME OF INDIVIDUAL

NAME OF INDIVIDUAL

Michael J. Adang

Signature of Individual

Signature of Individual

Signature of Individual

31 July, 2000

Date

Date

Date